

Name in Full

Certificate of Death

Mary I. Biby

Town

County

Died at

Park Hall

St. Marys

MARYLAND

Date 1903 Dec 4 6

Month Day

Y. M. D.

Native of

Occupation

Male

Age 24

Maryland

Female

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

One

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

About Seven Months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full *Alpha Brown*  
 Town *California* County *Shirley's*  
 Died at *1903* Month *Dec* Day *13th* Y. *33* M. *-* D. *-* Native of *MARYLAND* Occupation *Shirley's Servant*  
 Date 189 *1903* Age *33* Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Widower ☒ Divorced ☐ Number of children living *0*  
 Husband of *Sarah Brown*  
 Wife of *Sarah Brown*  
 Father's Name *-* Mother's Name *-*  
 Cause of Death { Primary *-* Immediate *Consumption* } How long sick *8 months*  
 Reported by *Dr. Henry Robinson* Accident, Suicide, Homicide ☐  
 Address *Great Hall Shirley's Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Richard Cheseldine

## CERTIFICATE OF DEATH

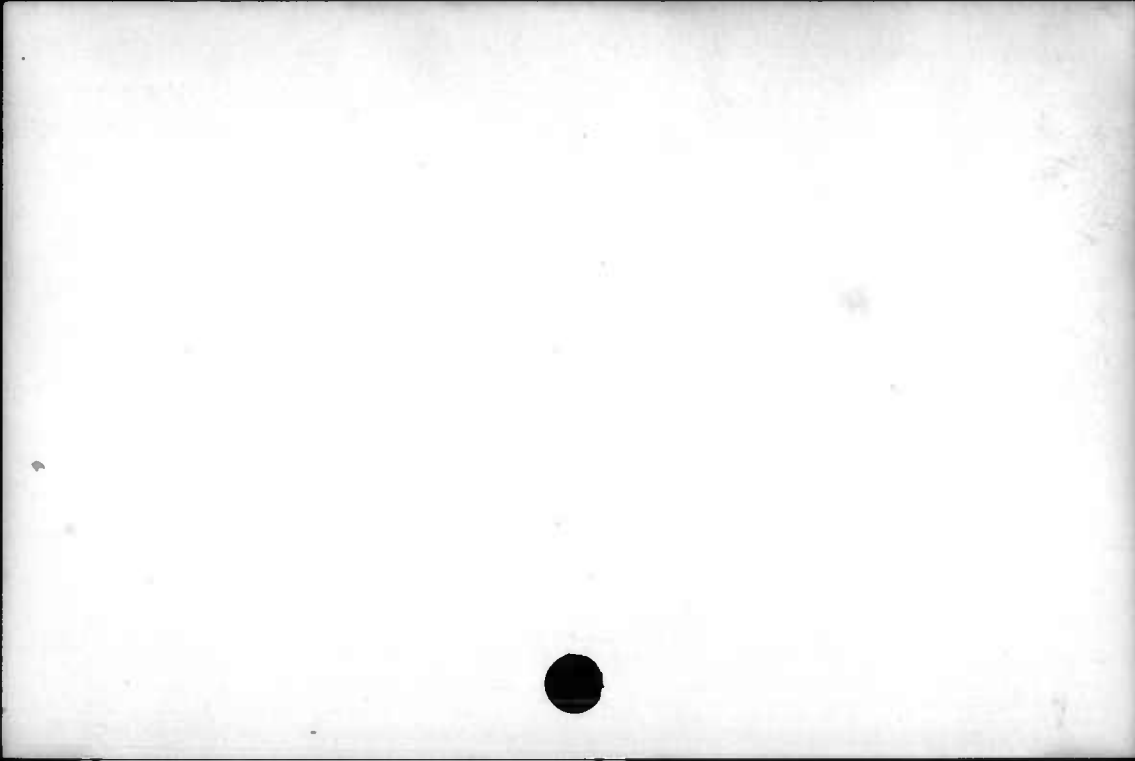
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Palmer		County St. Mary's		MARYLAND	
Date of death 190		3	Month 12	Day 10	Age 81	Years —	Months —
Sex male		Color or Race white		Birth- place md			
Married, Single or Widowed married				Occupation none			
Name of Wife or Husband Emily Cheseldine							
Father's Name Richard Cheseldine				Father's Birthplace md			
Mother's Maiden Name Nancy Wheatly				Mother's Birthplace md			
Name of person giving Information Lee Arnold				How related to deceased nephew			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia		How long 3 weeks
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Rott. V. Palmer
		Address Palmer md
Accident or Suicide?		



Name in Full

Certificate of Death

Eliza Boney  
 Town Hillier County St. Mary's  
 Died at MARYLAND  
 Date 1903. Dec 24 Y. M. D. Age 20 Native of Ind Occupation Serrant  
 Male ~~White~~ Married ~~Widow~~ Divorced  
 Female Colored Single ~~Widow~~ Number of children living 2

Husband  
of  
Wife

Father's Name G. Boney  
 Mother's Maiden Name Nancy Cole

Cause of Death { Primary Chronic Conclusions  
 Immediate  
 How long sick 3 days  
 Accident, Suicide, Homicide

Reported by J. D. King.

Address Oakville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Died at

Date 1903

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jessie Fannron  
 Town Park Hall County St. Mary's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Dec.

4<sup>th</sup>

Age

61

Married

Widow

Divorced

Number of children living

8

Alice Fannron

Mother's

Maiden Name

Primary

Consumption

Immediate

How long sick

12 Mo.

Accident, Suicide, Homicide

Lewis T. Clarke & Bro.  
 Great Mills Md.



Name In Full

Certificate of Death

*Mrs John St. Lattin*

Town

County

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

12

20

Age

63

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 6

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

64

Cause of

Primary

Apoplexy

How long sick

9 hours

Death

Immediate

Thrombulation

Accident, Suicide, Homicide

Reported by

J. D. King

Address

Portville

Must be signed by physician, if any in attendance, otherwise by son, undertaker or minister.

Md



Name in Full

Certificate of Death

Lemrick Goddard.

Town

County

Died at

MARYLAND

1903. Month Dec Day 27 Y. 18 M. D. Native of St. Marys Occupation Laborer

Date 189

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Joseph Goddard

Mother's

Name

Mary Goddard

Cause of Primary

Immediate

Follicular Infection

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Dr. Henry Richardson

Address

Great Hill, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068



Name In Full

Certificate of Death

Peter Graves

Town

County

Died at

MARYLAND

Date 1900

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1900

Feb 18

Age

St Michaels

Carpenter

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

79

Cause of

Primary

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

A. F. Greenwell

Address

Leonardtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000





Name  
in  
Full

Hon. M. Hill

## CERTIFICATE OF DEATH

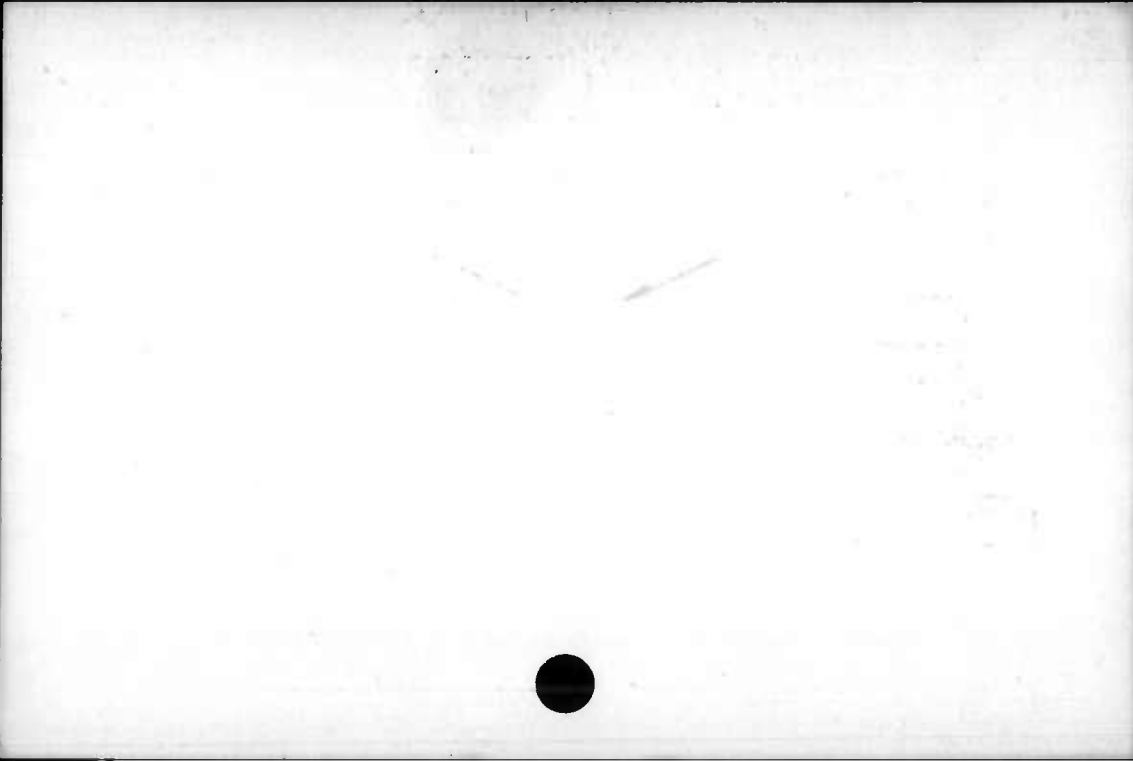
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leonardtown</i>		County <i>St Marys</i>		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>31</i>	Age <i>65</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St Marys Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband _____					
Father's Name _____				Father's Birthplace _____	
Mother's Maiden Name _____				Mother's Birthplace <i>St Marys Co</i>	
Name of person giving information <i>H M Hill</i>				How related to deceased _____	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Appendicitis</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long <i>18 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos Sprick</i>
	Address <i>Leonardtown</i>
Accident or Suicide? _____	<i>Mal</i>



Name  
in  
Full

Blanche Jackson

## CERTIFICATE OF DEATH

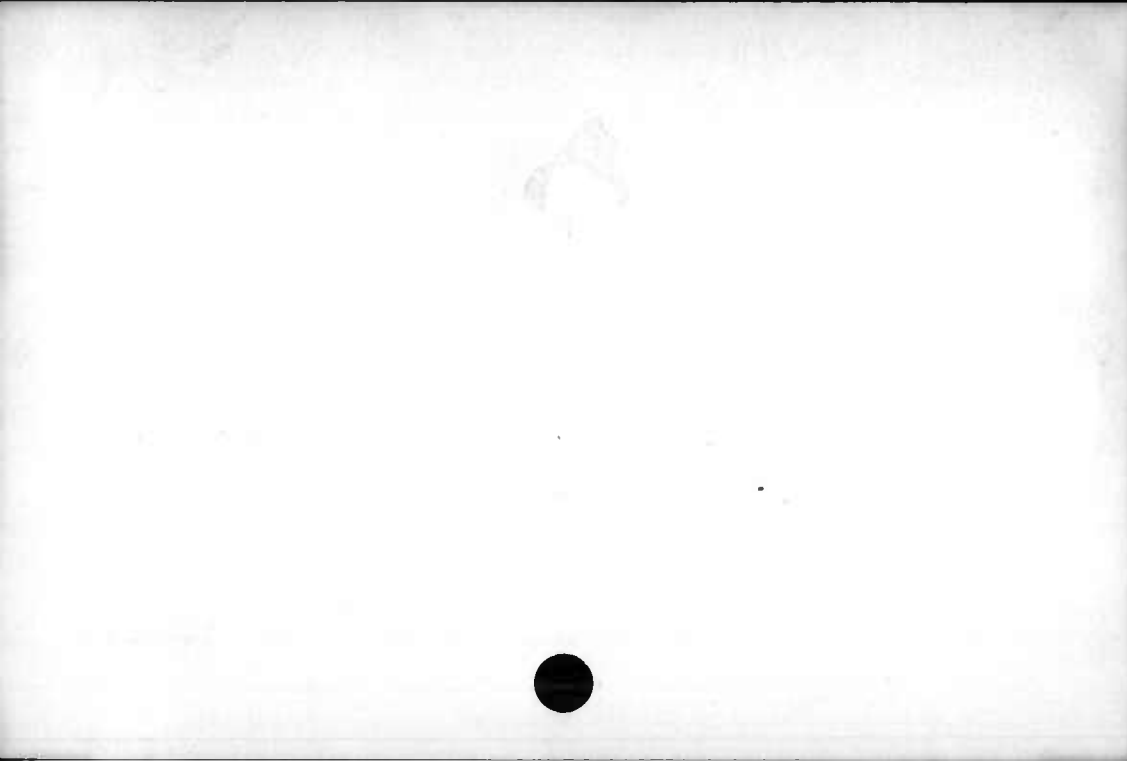
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		12	17	20		6	14
Sex		Color or Race		Birth-place			
Female		Colored		ind			
Married, Single or Widowed		Occupation					
Single		House girl					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Thomas R. Jackson				ind			
Mother's Maiden Name				Mother's Birthplace			
Mary L. Butler				ind			
Name of person giving information				How related to deceased			
Thomas R. Jackson				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Pulmonary Tuberculosis		3 1/2 mos	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		R. V. Palmer	
		Address	
		Palmer	
Accident or Suicide?			
		ind	



Name In Full

Certificate of Death

Died at

Date 1903

~~Male~~  
Female

Husband  
of  
Wife

Father's  
Name

Cause of

Death

Reported by

Address

Town

County

Month Day

Y. M. D.

Native of

Occupation

Age

Married  
Single

~~Widow~~  
Widower

~~Divorced~~

Number of children living

MARYLAND

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Primary

Immediate

Tuberculosis

F F Greenwell

Leonardtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



LIBRARY BUREAU, 79899

